

Did you complete all forms?
NUTRITION REVIEW
CHECKLIST

The following items must be returned:

- 9** **Cover Sheet** (*Provide complete and correct contact information.*)
- 9** **Monthly Menu for Lunch**
- 9** **Monthly Menu for Breakfast** (*if served*)
- 9** **Meal Collection Forms** (*blue*)
- 9** **Recipe Collection Forms** (*pink*)
- 9** **Salad/Food Bar Forms** (*if used; green*)
- 9** **Nutrition Labels**

Make and retain a copy of all items for your files.

Return the completed Nutrition Review before the due date listed in the cover letter. Use the pre-addressed envelope and send to:

ATTN: School Meals Program
Michigan Department of Education
Office of School Support Services
P.O. Box 30008
Lansing, MI 48909